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**TB CARE I**

# **Uzbekistan**

**Year 1  
Quarterly Report  
October-December 2011**

**January 30, 2012**

## Quarterly Overview

<b>Reporting Country</b>	<b>Uzbekistan</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	
<b>Date Report Sent</b>	01/30/2012
<b>From</b>	Svetlana Pak
<b>To</b>	Bryn Sakagawa
<b>Reporting Period</b>	<b>October-December 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	100%
2. Laboratories	13%
3. Infection Control	50%
4. PMDT	25%
5. TB/HIV	Postponed
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	Postponed
8. Drug supply and management	Cancelled
<b>Overall work plan completion</b>	<b>58%</b>

### Most Significant Achievements

Registration documents have been submitted to the MoJ in the beginning of November.

### Overall work plan implementation status

Only regional workshop on GeneXpert was implemented during the reporting period. This activity was approved by the USAID CAR in August 2011.

### Technical and administrative challenges

Without registration it is impossible to implement activities. Reviewing documents is likely to take about two months. Official response about registration status is expected in the beginning of February. Activities from the APA1 plan will move to APA2 and will be submitted for approval to the USAID mission. At the moment the TB CARE I Country Representative is responsible for following up on the registration process.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	1023	NA
Number of MDR cases put on treatment	628	NA

The NTP will only provide data once registration is complete.

\* January - December 2010    \*\* January - December 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved TB control in prisons	Bacteriologically confirmed TB cases in prisons reported to NTP	Bacteriologically confirmed TB cases reported in prisons in project sites (indicator for case detection), disaggregated by culture and DST results (indicator for access to bacteriological	94			Data are not available since project was not started and access to prison system is closed.	Due to pending registration activity was not implemented.
2	Strengthened TB control in migrants	TB cases in migrants reported to NTP among the total number of TB patients	TB cases in migrants reported to NTP among the total number of TB patients	NA			Assessment mission was not conducted since official registration is pending.	Due to pending registration activity was not implemented.
3	International standards on TB management in children introduced in country	Number of childhood TB cases	Number of childhood TB cases disaggregated by active (contact, risk group examination) and passive case finding	335 per 100,000 (2009)			Data on TB in children is unavailable since project activities have not been started.	

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Laboratory strategic planning capacity improved	Developed National laboratory strategic plan	National laboratory strategic is developed Yes/No	no	yes	No	Activity is delayed because of pending registration in Uzbekistan.	Implementation needs official registration in the country and approval of the workplan by MoH.
2	Management of laboratory services improved	Number of laboratories that have updated laboratory SOPs in line with WHO standards (number and percent)	Number of culture laboratories that have SOPs in line with WHO standards out of total number of culture laboratories in project sites (number and percent)	2 (50%)	4	2 (50%)	Activity is delayed because of pending registration in Uzbekistan.	Implementation needs official registration in the country and approval of the workplan by MoH.
3	TB diagnostic capability enhanced through introduction of new diagnostic tools	TB patients diagnosed by GenExpert (number and percent)	TB patients diagnosed by GenExpert in project sites (number and percent out of all TB patients in project sites) disaggregated by TB/MDR TB	0		0	Two-day regional workshop on GeneXpert was conducted with technical assistance of WHO after getting approval from USAID CAR on reprogrammimg. Workshop was facilitated by consultants from WHO, FIND, USAID HQ, PMU TB CARE I and North State medical University in Russian Federation. Six people from NTP, NRL in Tashkent and Karakalpakstan, laboratory specialist from Quality project (3 males and 3 females) participated.	Country will develop plan for GeneXpert implementation and diagnostic algorithm.

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	Ratio of TB notification rate in health care staff	Ratio of TB notification rate in health care staff over the TB notification rate in general population, adjusted by age and sex in project sites	0.2			Activity is delayed because of pending registration in Uzbekistan.	Implementation needs official registration in the country and approval of the workplan by MoH.

2	Developed local capacity on TB IC	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent)	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent) disaggregated by prison and civil sector	41 (100%)	2	0	Activity was cancelled in previous quarter.	
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Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	PMDT scale up in civilian and prison sectors	MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases)	Number and % of lab-confirmed MDR-TB patients enrolled on 2nd-line anti-TB treatment among all lab-confirmed MDR-TB cases during reporting period in project sites dissaggregated by civil and prison sector	628 (61%)			Activity was not conducted due to pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.
2	Improved X/MDR TB management in children	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB)	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB) disaggregated by oblasts	will be collected during the first assessment mission			Activity was not conducted due to pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.



Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Increased demand for TB/HIV activities	Country has a National strategic plan on TB/HIV collaborative activities in line with WHO standards	National strategic plan on TB/HIV collaborative activities is in line with WHO standards and available in country (yes/no)	yes			Activity was not conducted because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.


Technical Area		6. Health Systems Strengtheni						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved local human resource capacity, including trainers and e-resources	Number of local trainers trained	Number local trainers trained in each project site	28 (Tash) 5 (Nukus)	2	1	Completed - One NTP specialist (male) participated in the IUATLD International training course on strategic planning.	It was difficult to identify participants because of limited human resources at NTP and required approval from the MoH.
2	Improved patient adherence to treatment	Default rate among TB patients	Default rate amongTB patients in project sites disaggregated by TB and MDR TB	4%			Activities were not implemented because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.
3	Implemented ambulatory model of TB treatment	Number of TB patients who completed treatment ambulatory	Number of TB patients who completed treatment ambulatory in pilot sites disaggregated by TB and MDR TB				Activities were not implemented because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.

Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved surveillance system (including MDR TB and TB/HIV)	1)Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage) 2)Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels	1)Reporting units at all levels of data flow in project sites submitting timely reports according to national guidelines (number and percentage) 2)Reporting units that have received feedback from central level (number and percentage)	1) 2 2) 0	1) 2 2) 2		Assessment was not conducted because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.
2	Strengthened local capacities on OR	Operations research studies completed & results disseminated (number)	Number of operations research studies completed & results disseminated	0	1	0	Activity was not started yet because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.



Technical Area		8. Drug supply and management						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved drug management in project sites	Number of oblast with quarterly oblast stock information available both for first and second line drugs	Number of oblast in TB CARE I project sites with quarterly oblast stock information available (both for first and second line drugs)/total number of oblasts in project sites	2	4	2	Related activity was cancelled in the previous quarter	

## Quarterly Activity Plan Report




Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Improved TB control in prisons	1.1.1	Situational analysis and planning for strengthening TB control in prisons	KNCV	3,055	Postponed	Sep	2012	Moved to APA 2.
	1.1.2	Strengthening of laboratory service in prison system	KNCV	4,705	postponed	Sep	2012	Moved to APA 2.
	1.1.3	Strengthening of TB care provision to prisoners, including ex-prisoners still on TB	KNCV	4,730	postponed	Sep	2012	Moved to APA 2.
1.2 Strengthened TB control in migrants	1.2.1	Analysis of policy and practices related to TB control in migrants	KNCV	8,925	postponed	Sep	2012	Moved to APA 2.
1.3 International standards on TB management in children introduced in country	1.3.1	Training on TB management in children	KNCV	12,750	 100%	Aug	2011	One TB pediatrician from NTP participated in international course on TB in children in Latvia from 22 till 26 August.
	1.3.2	Development of action plan to scale up TB management in children	KNCV	6,125	postponed	Jun	2012	Moved to APA 2.
					 100%			



Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Laboratory strategic planning capacity improved	2.1.1	Revision of National strategic plan	KNCV	3,570	 25%	Sep	2011	Completed in APA2



	<b>2.1.2</b>	Continuous supportive supervision	KNCV	34,200	postponed	Mar	2012	Moved to APA 2.
2.2 Management of laboratory services improved	<b>2.2.1</b>	Updating of lab SOPs in accordance with international standards	KNCV	3,900	postponed	Sep	2012	Moved to APA 2.
2.3 TB diagnostic capability enhanced through introduction of new diagnostic tools	<b>2.3.1</b>	Procurement of GenExpert and its related equipment	KNCV	182,010	postponed	Sep	2012	Moved to APA 2.
	<b>2.3.2</b>	Introduction and piloting of GenExpert	KNCV	56,806	 0%	Sep	2012	This activity was reprogrammed for the extension period (October-December 2011) for Regional WHO workshop on implementation of GeneXpert.
	<b>2.3.3</b>	Introduction of SL Hain test	KNCV	13,627	Cancelled	Sep	2011	Cancelled since it will be done by another project.
					 <b>13%</b>			


		<b>3. Infection Control</b>			<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>	
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	
3.1 Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	<b>3.1.1</b>	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	8,452	postponed	Jun	2012	Moved to APA 2.
	<b>3.1.2</b>	Introduction of TB IC assesment guide and checklist	KNCV	2,858	Postponed	Apr	2012	Will be continued in APA2.
	<b>3.1.3</b>	Continious supportive supervision	KNCV	6,130	postponed	Sep	2012	Moved to APA 2.

3.2 Developed local capacity on TB IC	3.1.4	IC assessment visits to project sites	KNCV	20,540	 100%	Sep	2011	<p>Assessment IC mission was conducted by Dato Chorgoliani, KNCV Senior consultant Max Meis, TB CARE PMU and Vlad Furman TB-IC regional consultant in August - September. Assessment mission was conducted in Tashkent, Andijan and Karakalpakstan Republic.</p> <p><b>General observations during assessment mission:</b>            Not all TB facilities have TB IC activity plan, IC committee and designated staff; Medical personnel (doctors, nurses) and engineering staff need TB IC training; Separation of patients according to their DR TB status is not sufficient; More efforts should be applied to transfer non bacillary patients (especially children) from in-patient to outpatient treatment; Only a few TB facilities have properly functioning mechanical ventilation; Almost all TB facilities need installation of UVGI fixtures in high risk zones that operates 24 hours; TB facilities are poorly supplied with respirators and surgical masks.</p> <p><b>The mission gave the following recommendations:</b>            1. Finalize and update legislative basis and norms for TB IC according to international recommendations. Create IC working group involving MoH, NTP, SES, Prison medical staff, international organizations with clear responsibilities.            2. Develop a budgeted TB IC Activity Plan.            3. Develop training materials for IC. TB IC training courses are recommended for all HCW and technical staff of TB HFs.            4. Ensure timely diagnosis of TB patients by implementing rapid diagnostic tests (X-pert).            5. Separation of patients according to their DR status.            6. Minimize duration of in-patient care especially after smear conversion and develop the policy on ambulatory care.            7. Organize surveillance and monitoring on TB incidence among HCW and technical personnel            Revise existing screening policy for HCW.            8. Proper use of UVGI lamps, extractor fans in combination with natural ventilation (cross ventilation, opening windows, doors etc).            9. All TB facilities should be supplied with surgical masks for patients and with FFP2/N95 respirators for medical staff in a sufficient quantity.</p>
	3.1.5	Procurement of IC equipment for risk assessment and protection	KNCV	54,500	 0%	Jun	2012	Moved to APA 2.
	3.2.1	Training on environmental aspects of TB IC	KNCV	5,210	Cancelled	Sep	2011	Activity is cancelled because there is no course for engineers in 2012 in Vladimir and difficulties with finding interested ventilation companies.
					 50%			

		4. PMDT			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
4.1 PMDT scale up in civilian and prison sectors	4.1.1	Assesment visits to new project sites		27,121	poatponed	Mar	2012	Moved to APA 2.
	4.1.2	Development of PMDT action plans in project sites		17,382	poatponed	Apr	2012	Moved to APA 2.
	4.1.3	Training on X/MDR TB clinical management in project sites		14,850	postponed	Aug	2012	Moved to APA 2.
	4.1.4	Participation in international meeting		17,014	 25%	Sep	2011	will be completed in APA2
4.2 Improved X/MDR TB management in children	4.2.1	Development of protocols on X/MDRTB management in children		2,718	postponed	Mar	2012	Moved to APA 2.
					 25%			

		5. TB/HIV			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
5.1 Increased demand for TB/HIV activities	5.1.1	Analysis of policy and practices related to TB-HIV collaborative activities in the project sites	KNCV	2,505	postponed	Mar	2012	Moved to APA 2. Will be reprogrammed for assessment of TB-HIV management.
	5.1.2	Development of National strategic plan on TB/HIV collaboration	KNCV	4,820	postponed	Jun	2012	Moved to APA 2. Will be reprogrammed for strengthening clinical management of TB-HIV.
					Postponed			

	6. Health Systems Strengthening					Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
6.1 Improved local human resource capacity, including trainers and e-resources	6.1.1	Training on "strategic planning and innovation"	KNCV	17,715	<div><div></div></div> 100%	Aug	2011	One male specialist from NTP participated in IUATLD training course on Strategic planning and Innovation
	6.1.2	Development of HRD plan for TB	KNCV	3,495	Cancelled	Sep	2011	This activity is cancelled because it is covered by another project. Funds will be reprogrammed for other activity in APA2.
	6.1.3	Establishment of collaboraton of Universities and Medical schools	KNCV	8,140	Cancelled	Sep	2011	This activity is cancelled and will be replaced by new activity for APA2.
	6.1.4	Development of plan for sustainble e-library in Russian and English languages	KNCV	2,980	Cancelled	Sep	2011	This activity is cancelled and funds will be reprogrammed for other activities in APA2.
	6.1.5	Regional introductory workshop for implementation of TB CARE I, QHCP and Dialoge projects in CAR	KNCV	19,070	<div><div></div></div> 100%	Jul	2011	Six participants from Uzbekistan (4 males and 2 females) represenating NTP, prison system and WHO participated in two-day regional workshop on harmonization of activity plans.
	6.1.6	Strengthening of training capacities of local training centers	KNCV	13,045	postponed	Apr	2012	Moved to APA 2.
6.2 Improved patient adherence to treatment	6.2.4	Analysis of policy and practices related to patient support system in Tashkent and Nukus	KNCV	3,080	postponed	Feb	2012	Moved to APA 2.
	6.2.5	Improvement of patient support system	KNCV	7,880	postponed	Mar	2012	Moved to APA 2.

6.3 Implemented ambulatory model of TB treatment	<b>6.2.6</b>	Development and piloting of ambulatory care model	KNCV	16,236	postponed	Sep	2012	Moved to APA 2.
					 <b>100%</b>			

		<b>7. M&amp;E, OR and Surveillance</b>				<b>Planned Completion Month Year</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>			
7.1 Improved surveillance system (including MDR TB and TB/HIV)	<b>7.1.1</b>	Assessment of surveillance system	KNCV	16,208	postponed	Mar	2012	Moved to APA 2.
	<b>7.1.2</b>	Development of protocol on evaluation of new diagnostics	KNCV	14,766	postponed	May	2012	Moved to APA 2.
	<b>7.1.3</b>	Development of protocol for evaluation of new models of care	KNCV	9,396	postponed	Jun	2012	Moved to APA 2.
					<b>Postponed</b>			

		<b>8. Drug supply and management</b>				<b>Planned Completion Month Year</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>			
8.1 Improved drug management in project sites	<b>8.1.1</b>	Assessment and development of action plan on drug management (Desk work)	KNCV	1,075	Cancelled	Sep	2011	Activity is cancelled because it is covered by another project.
					<b>Cancelled</b>			

## Quarterly GeneXpert Report

Country	Uzbekistan
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Period	October-December 2011
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**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	0	0	0	0	
# Cartridges	0	0	0	0	

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).

**Table 3: Cumulative Xpert MTB/RIF **Cartridges** Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
	1				
	2				
	3				
	4				
	5				

\*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

**Quarterly Photos (as well as tables, charts and other relevant materials)**



Inventory List of Equipment TB CARE I									
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<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	
<b>Reporting date:</b>	
<b>Year:</b>	



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# TB CARE I

[illegible]

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
- (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
- (3) Date of invoice
- (4) Total price including any sales tax paid. Use currency on invoice
- (5) Note any sales tax charged
- (6) Address
- (7) Good/fair or bad
- (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.